AMENDMENT TRANSMITTAL LETTER					Docket No. 4670-0112PUS1			
Application No. 10/553,865-Conf. #1243		Filing Date October 21, 2005		Examiner J. J. Rhee		Art Unit 1795		
Applicant(s): Akir	a NAKAYAMA	et al.	<u> </u>					
			HIUM ION SI	ECONDARY BATTE	ERY			
MS Amendment Commissioner for P.O. Box 1450 Alexandria, VA 223	313-1450	admont in the	ahaya idantif	ind application				
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.								
CLAIMS AS AMENDED								
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate				
Total Claims	12	- 20 =	0	x 50,00		0.00		
Independent Claims	2	- 3 =	0	x 210.00		0.00		
Multiple Depend	dent Claims (ch	eck if applicabl	e)					
Other fee (please specify):								
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:						0.00		
x Large Entity				Small Entity	····			
No additiona	al fee is require	d for this ame	ndment.	l				
X Please charge Deposit Account No02-2448 in the amount of \$\$590.00								
A duplicate copy of this sheet is enclosed.								
A check in the amount of \$ is enclosed. Payment by credit card. Form PTO-2038 is attached.								
The Director is hereby authorized to charge and credit Deposit Account No02-2448 as described below. A duplicate copy of this sheet is enclosed.								
l <u>—</u> ,	ny overpaymer							
x Charge	any additional-fil	ing or application	on processing	fees required under 3	37 CFR 1.	16 and 1.17.		
flow	relation	Eve_		Dated:	July 14	, 2008		
Marc S, Weine Attorney Reg. I								
BIRCH, STEW. 8110 Gatehous Suite 100 East P.O. Box 747 Falls Church, V (703) 205-8000	se Road /irginia 22040-		LP					

PTO/SB/17 (10-07)
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		ays a valid OMB control number						
Effective on 12/08/2004.	Complete if Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). Application Number		0/553,865-Conf. #1243						
FEE TRANSMITTAL Filing Date								
For FY 2008 First Named Inventor								
Examiner Name	J. J. Rhee							
Applicant claims small entity status. See 37 CFR 1.27 Art Unit								
TOTAL AMOUNT OF PAYMENT (\$) 590.00 Attorney Docket No.	Attorney Docket No. 4670-0112P							
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
X Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: 8irch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES		 						
	MINATION FEE	S						
Small Entity Small Entity Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$)	Small Entity	<u>/</u> Fees Paid (\$)						
Application Type Fee (\$) Fee (\$) Fee (\$) Fee (\$) Fee (\$)		rees raiu (3)						
Design 210 105 100 50 130								
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Reissue 310 155 510 255 626								
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2, EXCESS CLAIM FEES Small Entity Fee (\$)								
Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5025								
Each independent claim over 3 (including Reissues)	50 25							
Multiple dependent claims	210 105 370 185							
	Multiple Dense							
Total Claims Extra Claims Fee (\$) Fee Paid (\$)	Multiple Dependent Claims							
HP = highest number of total claims paid for, if greater than 20.	Fee (\$)	Fee Paid (\$)						
Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)								
-= X =								
HP = highest number of independent claims paid for, if greater than 3.								
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer								
listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	I entity) for each	additional 50						
	(d)	Eco Daid (#)						
Total Sheets Extra Sheets Number of each additional 50 or fraction the		<u>Fee Paid (\$)</u>						
4. OTHER FEE(S)	GI) X	East Baid (\$)						
4. OTHER FEE(S) Fees Paid (\$) Non-English Specification, \$130 fee (no small entity discount)								
Other (e.g., late filing surcharge): Extension for response within second month 460.00								
Terminal Disclaimer 130.00								
SUBMITTED BY								
Signature Registration No. (Attorney/Agent) 32,18	31 Telephone	(703) 205-8000						
	, promprioris	(100) 200-0000						